

Behavioral Health Board Meeting Minutes:

Call in number: 208-234-7951, code 7622

Standing Agenda items:

11:30	<u>Welcome & Introductions to Behavioral Health Board Meeting- Sean Waldron</u>
11:35	<u>Approval</u> of June 16, 2015 minutes Approve Proposed July 21, 2015 agenda Board Members in Attendance:
11:40	<u>Sub-Committee Updates:</u> CMH Recovery Support Services
11:50	<u>Quarterly Report:</u> Optum Quarterly Report- Dionne Chatel <u>Old Business:</u> Direction of the Board: If we were to Partner with Public Health: *Roles and Responsibilities (refer to handout in folder) *What are our Goals? *What Projects would we like to Propose *What do we expect of Public Health Board Board Positions: Linda Cantrell's position (Linda retired) Patti Allen's position (Patti has moved) Legislative Dinner: Commissioner Howard Manwaring -Date of the Legislative Dinner: Howard Manwaring -What topics would we like to discuss? <u>New Business:</u> ICADD: Rosie Andueza Jeff D Lawsuit: Brad Baker
1:00	<u>Adjourn</u>

Children's Mental Health Sub-Committee will meet prior to the board meeting at 10:30 a.m. @ 421 Memorial, Pocatello.

Recovery Support Services Sub-Committee will meet following the Board meeting at 1:00 p.m. @ 421 Memorial, Pocatello.

May 19, 2015

Behavioral Health Board Meeting

Board Members Present: Sean Waldron, JoAnn Martinez, Michele Osmond, Susan Hepworth, Jim Peterson, Jeff Kirkham, Linda Hatzenbuehler, Brenda May, Linda Cantrall, Dave Miner

On the phone: Janae Andersen, Lala Patterson (Medicaid)

Visitors were present

Minutes were approved from the last month's board meeting.

Linda Cantrall provided an update on the Trauma Workshop, 60 providers were present. Next time they want to try to get some more parents to attend by doing more outreach. Overall, they were pleased with the training.

Barry Jones provided a brief update on Recovery Support Services they will continue to work on their needs and gaps.

Michele Osmond provided a report on the Behavioral Board Budget. The board has \$875.64 left out of \$14,000.00. SPAN withdrew their request for money from the board and will submit a request next year.

The board members present discussed a mission statement and since a quorum was not present a final decision will be made through e-mailing board members, along with approval to spend the left over money on a recorder for the secretary, and for various items with the boards logo (pens, pins, pencils, etc.).

Brenda Price discussed transportation to the Crisis Center in Idaho Falls and specifically when people are in crisis, public transportation is not a good idea. Brenda can assist individuals with gas cards. She will also have access to bus tickets with money from this board and this process will need to be written out. Salt Lake Express is the vendor.

Board Status Discussion: The board discussed active vs. inactive status and was updated by Maggie Mann on the status of Region 1 being close to sign a MOU with their Public Health Board. The board discussed using this regions information as a template.

Maggie Mann: Provided an overview of SHIP.

Jeff Kirkham: Identified the need for clarification on the Behavioral Health Boards Budget and how that process would work if the board partnered with Public Health Board. He also identified the need for the board to be covered with liability insurance.

Maggie Mann: Stated her understanding is that the board would continue to make recommendations and utilize their budget and provide reports to Public Health Board.

A question came up about the overhead expense for the Public Health Board from the Behavioral Health Board if we partnered with them and where this fee would come from, this will still need to be clarified.

Maggie Mann: Stated that the Behavioral Health Board would want to have clearly defined goals and measurable outcomes because that is an important piece to Public Health Board.

Linda Hatzenbuehler and Michele Osmond discussed types of data that could be collected and who has access to data that is already being collected.

JoAnn Martinez: Proposed discussion on the difference between partnering with the Public Health Board and remaining under Health and Welfare, specifically with funding.

Linda Hatzenbuehler: Discussed that connecting with the Public Health Board would connect this board closer to the counties.

Maggie Mann: Stated that the Public Health Board would be meeting in July and this board discussed having a representative at that meeting.

Meeting was adjourned at 12:57pm.

For Immediate Release
June 12, 2015

Contact: Tom Shanahan
Public Information Manager
Idaho Department of Health and Welfare
shanahan@dhw.idaho.gov, 334-0668

Jeff D. lawsuit settlement will lead to improved mental health services for Idaho children

An estimated 9,000 Idaho children with serious emotional disturbances could have better access to community-based mental health services as a result of the settlement of a federal class action lawsuit initially filed in 1980, known as the *Jeff D. lawsuit*.

Governor C.L. "Butch" Otter applauded the leadership and staff at all the State agencies impacted by the Jeff D. case for their perseverance and dedication to doing the right thing for the children of Idaho throughout a long and difficult legal process.

"I'm proud of our people. I'm proud of the processes and priorities they have put in place. And I'm very pleased that their hard work and determination has brought us to this day," the Governor said. "The Jeff D. case has been part of Idaho's political and public policy landscape for decades. Changing cultures and overcoming tough challenges often takes time, but we understand that realizing success will mean a continuing commitment to upholding the letter and spirit of this agreement."

The settlement provides an opportunity for the state of Idaho to resolve the long-standing lawsuit. "The settlement gives Idaho a clear path in delivering needed community-based mental health services," said Ross

Edmunds, administrator of the Division of Behavioral Health at the Idaho Department of Health and Welfare (DHW). “Most importantly, it provides an effective system to treat youth with serious emotional disturbances and their families. Our success with this settlement will ultimately bring an end to the Jeff D. lawsuit.”

“The Governor should be applauded for supporting collaborative improvement of Idaho’s children’s mental health system,” said Patrick Gardner, an attorney with Young Minds Advocacy Project who helped negotiate the settlement. “Idaho is a model for other states in its commitment to serve children in need using a coordinated system of care.”

The settlement aims to address the gaps in Idaho’s mental health system, making it more effective and efficient in meeting the needs of children with serious emotional disturbances and their families. The settlement commits the state to taking a number of concrete steps to develop and implement a sustainable, coordinated, and comprehensive mental health system, including:

- Creating a statewide process, across all child-serving systems, to identify and screen youths for unmet mental health needs
- Providing a comprehensive array of community-based services and supports to children when medically necessary
- Delivering services using a consistent approach that engages families, youths, and their support systems
- Monitoring and reporting on service quality and outcomes for youths

“The settlement outlines a plan for Idaho to create an effective and meaningful system of care,” said Howard Belodoff, the attorney for the children. “When successfully implemented, the agreement will lead to children throughout the state having access to a comprehensive array of mental health services and supports in their own homes and communities.”

The settlement is the result of more than a year of negotiations. Participants include key community stakeholders representing parents, advocates and private providers, along with representatives from DHW, the Idaho Department of Juvenile Corrections (IDJC), the Idaho State

Department of Education (SDE), as well as attorneys representing the class members.

"This is a positive step forward for coordinated community based mental health services," said Sharon Harrigfeld, Director of the Idaho Department of Juvenile Corrections. "We know that collaborative efforts at the community level have positive outcomes for youth and we look forward to continuing these efforts to meet the needs of youth with serious emotional disturbances and their families through this Agreement."

Access to appropriate mental health services is a critical component of children's healthcare systems. Research shows that half of all lifetime cases of mental illness begin by age 14 and three-quarters by age 24. The Idaho Department of Health and Welfare estimates that 20 percent of all youths will have a diagnosable mental disorder during childhood.

Studies have shown that many children can experience long delays before their mental illness is identified and treated, which often result in negative outcomes for children. Early assessment, intervention and the delivery of community-based services and treatment will allow children to remain at home with their families, lessen the need for hospitalization resulting from a mental health crisis, and lead to improved functioning for children in their communities and schools.

"When mental illness is treated, it can have a positive impact on all areas of a child's life, including their ability to learn, play, interact with others and handle emotions," Edmunds said. "Serious emotional disturbance in children can be treated effectively, especially when identified early. With treatment, these children can lead productive lives and succeed in school, at home, and in their adult lives."

Family members with children who suffer from mental illness praised the settlement as an important step forward in Idaho.

"Our family experienced a lot of challenges and frustration as we tried to get our daughter appropriate care," said Jennifer Griffis, parent and

chairwoman of the Idaho Behavioral Health State Planning Council. "The agreement provides a promising structure for Idaho's mental health system to be more responsive to the needs of children and families." "This settlement offers a service array that is broad enough to allow mental health service providers to better tailor treatment plans to their clients' individual strengths and needs," said Kelly Keele, president of the Mental Health Providers Association of Idaho. "We expect that, over the long run, the number of children hospitalized or needing expensive out-of-home placements will decrease."

Advocates offered similar praise: "Working with parents of children with complex health disorders is often heartbreaking as Idaho has not had the services to support these families," said Carol Dixon, family support specialist for the Idaho Federation of Families. "The Federation of Families views the *Jeff D.* settlement as a very promising solution that has the potential to create a new and effective children's mental health system in Idaho. It will have the capacity to address the challenging mental health needs of our children and provide needed support to families."

The settlement anticipates implementation over a four year period with three additional years of monitoring to ensure sustained performance of the service delivery system. Upon successful completion of implementation and monitoring, the lawsuit will be dismissed. The settlement agreement must be approved by the federal district court.

Editors: Please contact any of the following people involved with the settlement for interviews:

- *Ross Edmunds, Behavioral Health Administrator for the Idaho Department of Health and Welfare – contact Tom Shanahan (208) 334-0668*
- *Howard Belodoff, Attorney representing Idaho children, (208) 331-3378*
- *Sharon Harrigfeld, Idaho Department of Juvenile Corrections – contact Jeff Ray (208) 658-2141*
- *Patrick Gardner, Young Minds Advocacy Project, (650) 644-8462*
- *Jennifer Griffis, parent and chairwoman of the Idaho Behavioral Health State Planning Council, (208) 507-1754*
- *Kelly Keele, Mental Health Providers Association of Idaho, (208) 521-4294*
- *Carol Dixon, Idaho Federation of Families, (208) 433-8845*

Public Health Department Responsibilities:

- A. PHD will comply with the rules, regulations and policies as outlined by the DBH and rules, regulations and policies pertaining to BHB as outlined in Idaho Statutes 39-3132, 39-3133, 39-3134, and 39-3135.
- B. PHD shall ensure that procedural safeguards are followed in confidentiality requirements according to IDAPA 16.05.01, Use and Disclosure of Department Records.
- C. PHD agrees to support the goals and objectives of the DBH in the establishment of readiness and maintenance of BHBs under 39-3132.
- D. PHD will manage personnel, operational and support tasks as stated in the Scope of Work, under the DBH contract.
- E. PHD will not be responsible for services that are not funded or outlined within the Scope of Work under contract with the DBH.
- F. PHD will participate with the BHB in the budget development process.
- G. PHD will participate with the BHB in identifying service gaps and contract opportunities.
- H. PHD will provide the BHB with assistance in the development of the Gaps and Needs Analysis report to the State Behavioral Health Planning Council (SBHPC).
- I. PHD will collaborate on joint projects or initiatives that fit within the scope of the BHB, including but not limited to grant opportunities pursuable by PDH.
- J. PHD will provide behavioral health integration expertise and resources from the regional Behavioral Health Board, where available, and/or through the IDHW Division of Behavioral Health, IHC Behavioral Health Integration Workgroup, or existing resources in the Regional Collaborative (RC).
- K. PHD agrees to meet bi-annually with the R4BHB and DBH to ensure ongoing alignment and compliance with this MOA.

Behavioral Health Board Responsibilities:

- A. BHB will advise the SBHPC on behavioral health needs for adults and children within region/district.
- B. BHB will advise the SBHPC on progress, problems and proposed projects of the regional/district service.
- C. BHB will promote improvements in the delivery of behavioral health services and coordinate and exchange information regarding behavioral health services in the region/district.
- D. BHB will develop an annual Gaps and Needs Analysis assessment of behavioral health services for the region/district.
- E. BHB will assist the SBHPC with planning for service improvements.
- F. BHB will report annually to the SBHPC, the DBH and PHD the progress being made toward building a comprehensive community family support and recovery support system that will include performance and outcome data.
- G. BHB will establish and maintain a children's mental health subcommittee.
- H. BHB will work actively to build and support community support and recovery support services within the region/district.
- I. BHB will follow all Idaho Code requirements for board membership as stated in 39-3134.
- J. BHB will meet bi-annually with PHD and DBH to ensure ongoing alignment and compliance with this MOA.
- K. BHB will participate as a part of the PHD Regional Collaborative stakeholder group to act as a behavioral health consultant and advisory entity on the role of behavioral health in the community and in patient centered medical homes.

Department of Behavioral Health

Responsibilities:

- A. DBH will commit to annual funding of \$50,000 for the life of the contract which will be established at 4 year intervals.
- B. DBH will provide federal grant writing support for efforts agreed upon by the BHB and the PHD.
- C. DBH will write and submit those grants that are agreed to by the BHB and PHD that can only be submitted through the DBH.
- D. DBH will meet bi-annually with the BHB and PHD to ensure ongoing alignment and compliance with this MOA.



DATE: June 26, 2015
TO: SUD Provider Network
FROM: BPA Provider Network Management
SUBJECT: FY15 Claims Processing

As we approach the end of the fiscal year, please remember that providers have 30 days from the date of service to release encounters to billing and batch claims. The last date to release encounters in WITS for FY15 is July 30, 2015. WITS will not allow providers to bill FY15 claims past this date. Please request assistance from the WITS Help Desk prior to this date at (208) 332-7316, or toll free at (844) 726-7493, or email DBHWITSHD@dhw.idaho.gov.

Although claims older than 30 days cannot be submitted in WITS, the appeals processes for dates of service in FY15 remain the same. For appeals related to IDHW and IDOC, please refer to the BPA Provider Manual at <http://www.bpahealth.com/providers/Provider-Manual>.

If you have any questions, please contact your Regional Coordinator below:

Region 1

Nancy Irvin, LMSW & ACADC
nancyi@bpahealth.com
208 964-4868

Region 2

Dean Allen, LCPC
dean.allen@bpahealth.com
208-305-4439

Region 3 & 4

LaDessa Foster, LCPC, MAC, NCC
ladessa.foster@bpahealth.com
208-284-4511

Region 5

Kim Dopson, M.Ed., LCPC, MAC
kim.dopson@bpahealth.com
208-539-5090

Region 6 & 7

Doug Hulett, LPC, ACADC
doug.hulett@bpahealth.com
208-921-8923

Address:

380 E. Parkcenter Blvd., Suite 300
Boise, ID 83706

PR-117-6/25/2015



IDOC SUD Rate Matrix - Treatment Services

IDOC FY16 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 07/01/2015)

AUTHORIZED SERVICE	ASAM Level (if applicable)	Child Service (if applicable)	BILLABLE ITEM		APPLICABLE FUNDING/INSURER TYPES								FREQUENCY	
			Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	19-2524	Cost Share	Risk to Revoke	Cost Share	Reentry	Cost Share	Medicaid Supplemental	Cost Share
							18-2524	Share	Renovate	Share	Reentry	Share	Supplemental	Share
Individual or Parent Service														
Alcohol or Drug Assessment	n/a	n/a	H0001	15 min.	Duration	\$12.40	✓	No	✓	No	✓	No	✓	No
Travel for Professionals (1 unit = 1 mile)	n/a	n/a	S0215	1 mile	Unit	\$0.55	✓	No	✓	No	✓	No	✓	No
Pre-Treatment *	n/a	Pre-Treatment Services (Education)	S0448	15 min.	Duration	\$4.14								
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21	✓	Yes	✓	Yes				
		Pre-Treatment Services (Individual)	H0004	15 min.	Duration	\$12.40								
Paroles Aftercare	n/a	Outpatient (Education)	S0448	15 min.	Duration	\$4.14								
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21								
		Outpatient (Individual)	H0004	15 min.	Duration	\$12.40					✓	No		
		Outpatient (Individual with Family Members)	S0847	15 min.	Duration	\$14.20								
NTE 4 hrs/WK														
* Drug Testing, Case Management, Transportation & Transportation Fee. Fee the only RSS allowed during Pre-Treatment.														
NTE 4 hrs/WK														
192 units for up to 90 days. Additional 30 days allowable														
NTE 8 hrs/WK														
264 units for 90 days														
Outpatient	Level I	Outpatient (Education)	S0448	15 min.	Duration	\$4.14								
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21	✓	Yes	✓	Yes	✓	No		
		Outpatient (Individual)	H0004	15 min.	Duration	\$12.40								
		Outpatient (Individual with Family Members)	S0847	15 min.	Duration	\$14.20								
Intensive Outpatient	Level II, I	Intensive Outpatient (Education)	S0448	15 min.	Duration	\$4.14								
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21	✓	Yes	✓	Yes	✓	No		
		Intensive Outpatient (Individual)	H0004	15 min.	Duration	\$12.40								
		Intensive Outpatient (Individual with Family Members)	S0847	15 min.	Duration	\$14.20								
Education (Medicaid Supplemental)	n/a		S0448	15 min.	Duration	\$4.14						✓		No
Adult Social Detox	Level III, 2	n/a	H0008	Day	Unit	\$178.40	✓	Yes	✓	Yes	✓	No	✓	No
NTE 5 days														
5 units for 5 days														
NTE 5 hrs/WK														
240 units for 90 days														
Outpatient	Level I	Outpatient (Education)	S0448	15 min.	Duration	\$4.14								
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21	✓	Yes	✓	Yes	✓	No		
		Outpatient (Individual)	H0004	15 min.	Duration	\$12.40								
		Outpatient (Individual with Family Members)	S0847	15 min.	Duration	\$14.20								
Intensive Outpatient	Level II, I	Intensive Outpatient (Education)	S0448	15 min.	Duration	\$4.14								
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21	✓	Yes	✓	Yes	✓	No		
		Intensive Outpatient (Individual)	H0004	15 min.	Duration	\$12.40								
		Intensive Outpatient (Individual with Family Members)	S0847	15 min.	Duration	\$14.20								
Education (Medicaid Supplemental)	n/a		S0448	15 min.	Duration	\$4.14						✓		No
Adult Social Detox	Level III, 2	n/a	H0008	Day	Unit	\$178.40	✓	Yes	✓	Yes	✓	No	✓	No
NTE 5 days														
5 units for 5 days														
NTE 9 hrs/WK														
432 units for 90 days														
Education (Medicaid Supplemental)	n/a		S0448	15 min.	Duration	\$4.14						✓		No
Adult Social Detox	Level III, 2	n/a	H0008	Day	Unit	\$178.40	✓	Yes	✓	Yes	✓	No	✓	No
NTE 5 days														
5 units for 5 days														

Please note: reimbursement is contingent on the BPA provider rates in the contract based on the units authorized for an IDOC client



IDOC SUD Rate Matrix - Recovery Support Services (RSS)

IDOC FY16 SUD RECOVERY SUPPORT SERVICES MATRIX (Effective 07/01/2015)													
AUTHORIZED SERVICE			BILLABLE ITEM			APPLICABLE FUNDING/INSURER TYPES							
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	19-2524		Risk to Revoke		Reentry		Medicaid
							19-2524	Cost Share	Revoke	Cost Share	Reentry	Cost Share	
Case Management (Basic and Intensive) *	n/a	n/a	H0006	15 min.	Duration	\$12.40	✓	No	✓	No	✓	No	Treatment and Parolee Aftercare: 48 units for 90 days; Pre-Treatment: 32 units for 60 days
Drug/Alcohol Testing *	n/a	n/a	H0003	1 Test	Unit	\$13.50	✓	No	✓	No	✓	No	28 tests for 90 days; *limited services may be vouchered for pre-treatment
Adult Safe & Sober Housing	n/a	n/a	H0044	Day	Unit	\$11.50	✓	No	✓	No	✓	No	Initial authorization in WITS is 60 units for 60 days. An additional 30 units for 30 days can be requested. If the client has been approved for any IDOC transitional housing (outside of WITS) or has had the "Transitional Housing Only" stage (inside of WITS), the remaining available units can be authorized in WITS (not to exceed 90 total days).
Transportation *	n/a	Transportation Pick Up	T2002	Pick-up & 1st Mile	Unit	\$4.20	✓	No	✓	No	✓	No	Must be documented in care plan
Transportation Flat Fee *	n/a	Transportation of Client	A0060	1 mile	Unit	\$1.17	✓	No	✓	No	✓	No	800 miles 6 month maximum 200 units per treatment episode max.
Child Care	n/a		T1009	15 min.	Duration	\$4.04	✓	No	✓	No	✓	No	Based on RSS care plan and client need.
Life Skills	n/a	Life Skills (Individual)	H2015	15 min.	Duration	\$5.56	✓	No	✓	No	✓	No	Based on RSS care plan and client need.
Life Skills (Medicaid Supplemental)	n/a	Life Skills (Group)	H02015	15 min.	Duration	\$3.94	✓	No	✓	No	✓	No	Based on RSS care plan and client need.
Starting (Planned Facilitation)	n/a	Life Skills (Group)	H02015	15 min.	Duration	\$3.94	✓	No	✓	No	✓	No	Based on RSS care plan and client need.
Interpreter Services	n/a		H0022	15 min.	Duration	\$6.21	✓	No	✓	No	✓	No	Case by Case; IDOC will review on OM Request.
Aftercare (Group)	n/a		T1013	15 min.	Unit	\$1.00	✓	No	✓	No	✓	No	1x Provider will inform of hourly rate & needed hours. Authorized units will be the total dollars to be billed. If travel is needed, authorize "Travel for Professionals".
Aftercare (Group)	n/a		H0047	15 min.	Duration	\$5.91	✓	No	✓	No	✓	No	

IDOC SUD Rate Matrix - Recovery Support Services (RSS)



IDOC FY16 SUD RECOVERY SUPPORT SERVICES MATRIX (Effective 07/01/2015)																
AUTHORIZED SERVICE		BILLABLE ITEM				APPLICABLE FUNDING/INSURER TYPES								FREQUENCY		
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	19-2524		Risk to Revoke		Reentry		Medicaid		Service Limits	Auth Span Maximum
							19-2524	Cost Share	Cost	Revoke	Cost	Share	Reentry	Cost		
TRANSITIONAL HOUSING AND SUBSIDIARY SERVICES - 60 DAYS																
Adult Safe & Sober Housing	n/a	n/a	H0044	Day	Unit	\$11.50						✓	No		30 days max.	IDOC staff will determine clients eligibility and enter 30 day authorization. Additional 30 day requests must be approved by district manager (DM). Max housing shall not exceed 30 days. BPA will not reauthorize this service.
TRANSITIONAL HOUSING AND SUBSIDIARY SERVICES - 60 DAYS																
Adult Safe & Sober Housing	n/a	n/a	H0044	Day	Unit	\$11.50						✓	No		60 days max.	IDOC staff will determine clients eligibility and enter 60 day authorization. Additional 30 day requests must be approved by district manager (DM). Max housing shall not exceed 90 days. BPA will not reauthorize this service.

You may find this NASADAD update interesting...but especially pay attention to the highlighted section. Use the link provided, then go down to the section regarding RSS. I think you will find this piece especially of interest. I have said in several meetings recently that at a federal level things are happening...so here is one example of this new interest is SUD services and especially RSS.

Kathy Skippen
SUDS Program Specialist
450 W. State St. 3rd Fl
Boise, ID 83702
(208) 334-6676
skippenk@dhw.idaho.gov

From: colleen haller [<mailto:challer@nasadad.org>]
Sent: Thursday, June 11, 2015 2:08 PM
To: Rob Morrison
Cc: colleen haller; Brian Denten
Subject: D.C. Update from the Nat'l Assoc of State Alcohol and Drug Abuse Directors (NASADAD)



The National Association of State Alcohol and Drug Abuse Directors (NASADAD)

DC Update June 11th, 2015

News from NASADAD

- NASADAD attends Capitol Hill briefing on opioid use among college students
- NASADAD releases section-by-section analysis of the Treatment and Recovery Investment Act

Around the Agencies

- SAMHSA releases report examining impact of Medicaid in providing and increasing access to mental health and substance use disorder services
- CDC releases new treatment guidelines for those with or at-risk for sexually transmitted diseases
- GAO issues report on electronic cigarette import volume and tariff revenue
- CDC issues report on adverse health effects associated with synthetic cannabinoid use

In the News

- New study examines methadone treatment for incarcerated individuals
- American Society of Addiction Medicine releases new guidelines for treatment of opioid use disorders
- Parity Implementation Coalition and Kennedy Forum release new guide on mental health and substance use disorder parity
- Collaborative for Effective Prescription Opioid Policies publishes USA Today column discussing opioid epidemic
- Alliance for Health Reform releases recap of King v. Burwell briefing
- ONDCP Director Michael Botticelli appears on Diane Rehm Show

News from NASADAD

NASADAD attends Capitol Hill briefing on opioid use among college students

Rob Morrison, Executive Director, and Colleen Haller, Public Policy Associate, attended the briefing, "Prevention Opioid Deaths among Young People," hosted by the Hazelden Betty Ford Foundation Institute for Recovery

Advocacy on June 10th. The briefing was well attended and included appearances by several members of Congress: Majority Leader Kevin McCarthy (R-CA), Sen. Sheldon Whitehouse (D-RI), Sen. Klobuchar (D-MN), and Co-Chair of the Prescription Drug Abuse Caucus, Rep. Stephen Lynch (D-MA). The panelists discussed results from a recent survey of college students on their attitudes to drug use, and particularly the misuse of prescription pain relievers. Panelists also shared their personal stories of recovery, as well as their efforts to establish collegiate recovery programs. Greg Williams, Director of the Anonymous People, also highlighted an upcoming national recovery event on the National Mall: UNITE to Face Addiction scheduled for October 4, 2015.

Panelists:

- William Moyers, Vice President of Public Affairs and Community Relations, Hazelden Betty Ford Foundation
- Amelia Arria, Director, Center on Young Adult Health and Development at Univ. of MD School of Public Health
- Sarah Nerad, Director of Recovery, Ohio State University
- Joseph Lee, Medical Director, Hazelden Betty Ford Foundation's Youth Continuum
- Greg Williams, Director of the Anonymous People and Campaign Director for UNITE to Face Addiction
- Ivana Grahovac, Executive Director, Transforming Youth Recovery

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NASADAD releases section-by-section analysis of the Treatment and Recovery Investment Act

NASADAD released a section-by-section analysis of the Treatment and Recovery Investment Act this past week. The bill, sponsored by Senator Ed Markey (D-MA), would amend the Public Health Service Act to authorize the Director of the Center for Substance Abuse Treatment (CSAT) to award grants to State substance abuse agencies, units of local government, and Indian tribes or tribal organizations to create or expand substance use disorder services. The legislation would also create separate grant programs for opioid use disorder treatment, treatment for pregnant and parenting women with opioid use disorders, and treatment plans for adolescents with substance use disorders. An additional grant program aimed at expanding and enhancing recovery support services, including education and peer-mentoring networks, is also authorized in the bill. The legislation contains language that would increase the budget authorization for the Substance Abuse Prevention and Treatment Block Grant.

Read the full section-by-section here: <http://nasadad.wpengine.com/2015/05/treatment-and-recovery-investment-act/>

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Around the Agencies

SAMHSA releases report examining impact of Medicaid in providing and increasing access to mental health and substance use disorder services

The Substance Abuse and Mental Health Services Administration (SAMHSA) released a new report examining the impact of Medicaid in providing and increasing access to mental health and substance use disorder services. The report was compiled by SAMHSA's Center for Financing Reform and Innovation, and discusses information on Medicaid fee-for-service spending on prescription drugs. The report further compares spending for dually-eligible Medicare-Medicaid enrollees versus spending for enrollees without dual eligibility. SAMHSA aims to help inform policy makers, program staff, and providers with better knowledge on the spending and utilization of mental health and substance use disorder services.

CDC releases updated treatment guidelines for those with or at-risk for sexually transmitted diseases

The Centers for Disease Control and Prevention (CDC) released new treatment guidelines for those with or at-risk for sexually transmitted diseases (STDs). The guidelines were compiled following a Spring 2013 conference in Atlanta. The new guidelines discuss alternative treatment options for gonorrhea, alternative treatment options for genital warts, best practices for HPV vaccine recommendations and counseling, transgender treatment, and annual testing for hepatitis C for at-risk individuals, among several other topics.

GAO issues report on electronic cigarette import volume and tariff revenue

The United States Government Accountability Office (GAO) has issued a new report on import volume and tariff revenue for electronic cigarettes. The report notes that electronic cigarette import volume and tariff revenue is currently unknown due to the Harmonized Tariff Schedule of the United States (HTS) not tracking data specific to electronic cigarettes or any associated accessories. The GAO does not make any recommendations in its report.

CDC issues report on adverse health effects associated with synthetic cannabinoid use

The Centers for Disease Control and Prevention (CDC) issued a report on the adverse health effects associated with synthetic cannabinoid use this past week. United States poison centers have reported a substantial increase in calls related to synthetic cannabinoid usage in the past year. Calls increased 330% from 349 in January 2015 to 1,501 in April 2015. The most frequently reported adverse health effects include agitation (35.3%), tachycardia or faster than normal heart beat (29.0%), drowsiness (26.3%) and vomiting (16.4%). Most users reported consuming synthetic cannabinoids by inhalation (80.3%) or ingestion (19.5%). The CDC suggests that increasing rates of synthetic cannabinoid usage pose an emerging public health threat.

In the News

New study examines methadone treatment for incarcerated individuals

A new Brown University study has found that individuals taken off of methadone treatment while in custody are "two times less likely than those staying on the medication to return to methadone treatment in the community within a month after release." The study, led by Josiah Rich, MD, MPH, was performed from 2011-2013 within the Rhode Island Department of Corrections. Researchers randomly assigned inmates to either continue methadone treatment or begin a tapered withdrawal in accordance with existing correctional guidelines. Nearly all of the inmates who continued treatment while incarcerated returned to community clinics within a month after release, while only 20 percent of inmates forced to undergo withdrawal returned to methadone treatment after release. Rhode Island has responded to the findings by adjusting methadone tapering protocols, extending the tapering period from one to six weeks.

American Society of Addiction Medicine releases new guidelines for treatment of opioid use disorders

The American Society of Addiction Medicine (ASAM) released new guidelines for the usage of medication when treating opioid use disorders this past week. The guide aims to educate clinicians and providers about the benefits of using treatment medications for patients in recovery. Despite the medications' benefits, less than 30% of treatment programs currently offer any medication options in their treatment regimens. ASAM President Jeffrey Goldsmith notes that these guidelines are the first to address all the available FDA-approved medications used to treat opioid use disorders.

Parity Implementation Coalition and Kennedy Forum release new guide on mental health and substance use disorder parity

The Parity Implementation Coalition (PIC) and Kennedy Forum have released a new guide discussing the mental health and substance use disorder parity law. The guide was primarily created to educate individuals seeking mental health or substance use disorder services on their rights and benefits under current parity law. The PIC and Kennedy Forum believe the guide will promote increased communication with insurance plans, in addition to helping resolve disputes with health plans over coverage and reimbursement for mental health and substance use disorder services. The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was passed in 2008, with final regulations published in 2013. The PIC and Kennedy Forum continue to strive for better consumer and advocate understanding of the full parity regulations.

Collaborative for Effective Prescription Opioid Policies publishes USA Today column discussing opioid epidemic

The Collaborative for Effective Prescription Opioid Policies (CEPOP) published a USA Today column discussing ongoing efforts to address the opioid epidemic this past week. CEPOP identifies the complexity of the crisis in the column, stating the challenges associated with ensuring access to adequate pain management while balancing the serious risks of addiction associated with these medications. The Centers for Disease Control and Prevention notes that the number of prescribed opioid painkillers has increased substantially in the past several decades, representing a need for robust patient and provider education. CEPOP concludes the column with a call for

stakeholders to work together to develop a comprehensive plan to address the epidemic through effective government and private sector solutions.

Alliance for Health Reform releases recap of King v. Burwell briefing

The Alliance for Health Reform has released a recap of last week's briefing on potential implications of the King v. Burwell ruling. A Supreme Court ruling for the King petitioners would likely eliminate the ability for individuals to receive subsidies to purchase health insurance through federal marketplaces. As of February 2015, 87% of people selecting a marketplace plan receive premium subsidies. According to the briefing, a ruling for the King petitioners would make these subsidies no longer available in States with federally-run marketplaces, and would essentially render any affected health insurance exchanges inoperable. Several speakers noted that affected States may be able to create new State-based exchanges by using other States' infrastructure or by leasing federal IT services. Republicans are expected to prepare a legislative response to the ruling in the event the King petitioners are successful.

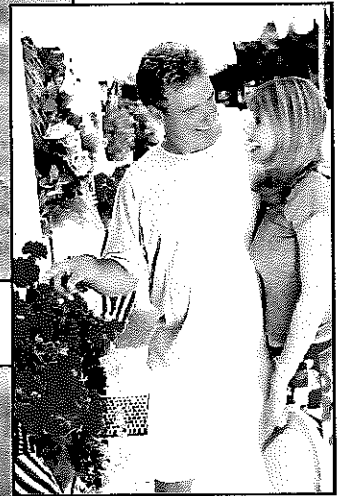
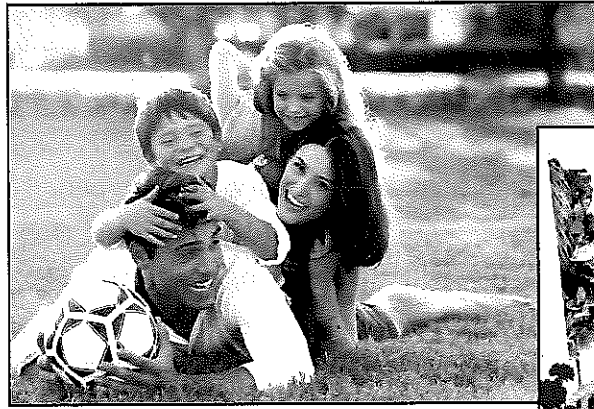
ONDCP Director Michael Botticelli appears on Diane Rehm Show

Michael Botticelli, Director of the White House Office of National Drug Control Policy (ONDCP), appeared on the radio show on June 11th. Director Botticelli shared his personal recovery story, as well as information on ONDCP's work to expand prevention, treatment, and recovery. Director Botticelli highlighted the supports that assisted his journey to sustained recovery and commented on how the federal government can expand access to those supports. Director Botticelli also discussed the science of addiction, the role of criminal justice reform, and the ways that federal drug policy can make positive changes in the lives of individuals with substance use disorders and their families.

Should you have any questions, or require additional information, please do not hesitate to contact Robert Morrison, Executive Director, (202) 293-0090 or Colleen Haller, Public Policy Associate, at (202) 293-0090.

BEHAVIORAL HEALTH

Quarterly news
and updates from
the Idaho
Department of
Health and Welfare



July 2015, Issue 8

Settlement agreement filed in Jeff D. lawsuit

By Chuck Halligan
Project Manager

On Friday June 12, 2015, a settlement agreement was filed with the Federal District Court in the thirty-five-year old Jeff D lawsuit concerning children's mental health services. The agreement targets the provision of community-based services, which has been the unresolved issue in the case. The agreement is designed to

establish a comprehensive and coordinated system of care for Idaho children with serious emotional disturbances and their families. A standardized assessment process will assist in identifying children's strengths and needs, to tailor services and build upon those strengths and needs. Effectiveness of services on the child's mental health and improvement in functioning will be measured in a systematic and standardized fashion. Care of children with high needs will be coordinated through a family-driven team approach to service planning and delivery. This team approach will

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to us. Click here to tell us
what you want to see in
this newsletter.

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IDAHO DEPARTMENT OF
HEALTH & WELFARE

assist in reducing fragmented service delivery between agencies that may serve the family, such as schools, juvenile justice, mental health providers, and child welfare.

The agreement outlines an overall implementation time frame of about eight years. The first nine months is devoted to the

development of an implementation plan, followed by four years to complete this plan. Once the implementation plan is completed, there is a three-year period of sustained performance. The agreement outlines specific measures to determine compliance with the implementation plan and sustained performance period. The

case will be dismissed after the sustained performance period once substantial compliance has been shown. The court is expected to issue a permanent injunction to continue the services and supports developed through the implementation plan upon dismissal of the case.

[Click here to learn more.](#)

Meet the SHIP Crew

*By Gina Westcott
HUB Administrator*

As with any smooth sailing ship, success depends on the Captain and crew. Our SHIP - the State Healthcare Innovation Plan - is no different and has moved full steam ahead to hire a most impressive crew.

Cynthia York is the project's Captain, aka Program Administrator. Cynthia formerly served as the Administrator for the Medically Indigent Program and was instrumental in supporting SHIP during the initial planning stages. She has a Bachelor's of Business Administration from Boise State University and over twenty-two years of experience in the healthcare field. Her experience will certainly help navigate SHIP's course moving forward.

Kimberly Thurston was hired as SHIP's first Administrative Assistant 2 and formerly supported the Idaho Board of Health and Welfare and

Director's Office. Kim's educational background includes being a Medical Assistant (MA) and HIV Counselor, with 14 years of experience working in a managed care setting for the University of Utah Hospitals.

Heather Clark currently serves as SHIP's Patient Centered Medical Home (PCMH) Transformation Project Manager. Previously, Heather worked for Medicaid as the Quality Improvement Specialist for Health Homes. She has a Masters in Healthcare Administration and Management from the University of Phoenix.

Miro Barac is the Project/Contract Manager for Regional Collaboratives under SHIP. Before boarding the



(From left) **Cynthia York, Kimberly Thurston, Heather Clark, Miro Barac, Ann Watkins and Casey Moyer**

SHIP, Miro worked for five years at the BSU School of Social Work as a System Administrator/Business Manager. He holds a Masters of Business Administration as well as a Masters in Project Management. **Ann Watkins** works as a Grants and Contracts Officer and has over fifteen years experience in grants and contract development, monitoring and implementation in the public, private and non-profit sectors. Ann holds a Bachelor's



Degree in Political Science and Sociology.

Last, but not least, **Casey Moyer** was hired to support the SHIP as its Project/Contract Manager for the

HIT Data Analytics and Payment Redesign. He was hired from the Division of Behavioral Health where he served as a Program Manager for the Policy Unit and holds a Masters

Degree in Clinical Social Work.

Next quarter, you will learn more about the Idaho Healthcare Coalition and its leadership and oversight role for the SHIP.

Transformation: Contract signed in Region 4

By Kathy Skippen

Program Specialist

Progress is being made! The Region 4 Behavioral Health Board (R4BHB) made the decision to partner with Central District Health. The R4BHB worked with the Division of Behavioral Health (DBH) and the health district in establishing contract criteria. Now that the contract has been signed by DBH and Central District Health, the Region 4 Board is on its way to an innovative and productive relationship in this new environment. All involved believe that, as the move is made in healthcare to look at clients/patients

in a holistic way, fragmented care is no longer acceptable. By incorporating the expertise of the R4BHB into the health district structure, the pieces are in place to make this a reality for those served in Region 4.

The basics of the contract are:

- It was written for the maximum time that IDHW can allow for a contract: 4 years.
- The standard clauses are included that allow either DBH or Central District Health to void the contract on short notice, if they chose to do so.
- It will hopefully be very "bureaucracy" light! The billings

will be done on a monthly basis, dividing the funding (\$50,000/year) into equal monthly payments. The monthly meeting minutes will be used to fulfill the reporting requirements.

- It clearly states that no services are required beyond the support of the R4BHB unless funding exists to cover those services.

With the contract in place, the work can begin on how to truly evaluate what recovery support services are needed by the shared population being served and where to seek resources needed to provide them.

Recovery Coaching - Credentialed and Billable

By Rosie Andueza

Program Manager

The DBH has been working closely with the Idaho Board of Alcohol/Drug Counselor's Certification (IBADCC) to create a recovery coach certification. That certification has now been launched and all requirements are posted on the IBADCC website: http://www.ibadcc.org/new_web/resources/news/news.shtml.

Because some of the requirements around experience will take time to accomplish, the four partners who fund treatment services (the Division of Behavioral Health, Idaho Department of Correction, Idaho Department of Juvenile Corrections, Idaho Supreme Court) have agreed to implement a grandfather clause that will make it possible for coaches to be eligible for reimbursement



during this transition phase. This information will be distributed to the BPA provider network as well as posted to the DBH Recovery Coach page:

recoverycoaching.dhw.idaho.gov

We are working with the WITS team



to build Recovery Coaching as its own unique service in WITS. Providers will need to meet all

facility, training and supervisory requirements before billing for these services. This information will

also be disseminated to the BPA Provider Network as well as posted to the Recovery Coaching website.

Recovery Centers Start Opening Their Doors!

*By Rosie Andueza
Program Manager*

As previously reported, the Idaho Association of Counties (IAC) was successful in securing Millennium Grant funding to support recovery centers in four counties of the state: Ada, Canyon, Gem and Latah. Many dedicated and determined individuals have been working extremely hard to open the doors to these centers. The P.E.E.R. Wellness Center in Boise had its official grand opening on June 25, 2014 ("soft opening" was two weeks prior); Canyon County has just signed a contract with the Canyon Community Clinic for the center to be located at that site in Caldwell; Gem County has identified a location in Emmett for the center and will be working directly with Recovery Idaho in the administration of those services; and Latah County has selected Sojourner's Alliance to be the leading agency on the recovery center in Moscow, which is scheduled to open sometime in August.

It is a very exciting time for everyone who has been involved in this project from its inception. And, even more exciting, is standing

in one of these centers and observing as individuals new to recovery come in and seek assistance from those in long-term recovery! The P.E.E.R. Wellness Center has already started seeing the benefits of having a recovery center. Not only is the center always busy with a variety of activities going on, but personal stories of success are starting to emerge. Already, that center has helped two women just released from prison find

employment.

I had the privilege of meeting one of these women and she proudly said, "This time it's going to be different because this time I have the support of this center and all of the people in it."

IAC and Recovery Idaho are

working closely with all four centers and intend to apply for additional Millennium Funding to support more centers in new locations across the state. If your community is already planning and working on a recovery center and is interested in this application for funding, please contact Recovery Idaho at recoveryidaho@gmail.com. The application for the next round of Millennium Funding is due in October 2016.



The P.E.E.R. Wellness Center in Boise held a grand opening with local supporters and dignitaries on June 25, 2014. The center is located at 963 S. Orchard St., Boise, ID 83705.

IDAPA Rule Re-Write

By Treena Clark

Program Specialist

The Division of Behavioral Health (DBH) continues to make significant efforts to integrate Idaho's mental health (MH) and substance use disorders (SUD) systems into a unified behavioral health system of care. Recognizing the benefit and necessity of uniform requirements for behavioral health programs, DBH has made the decision to propose changes to IDAPA rules that will establish a process and requirements for community MH

and SUD agencies to obtain State approval as a behavioral health program.

DBH is proposing the following changes to IDAPA Rule:

1. Repeal chapter 16.07.20 "Alcohol and Substance Use Disorders Treatment and Recovery Support Services Facilities and Programs".
2. Incorporate SUD service requirements from 16.07.20 into existing chapter of 16.07.17 "Alcohol and Substance Use Disorders Services"
3. Promulgate a new chapter of rule

that establishes an approval process and program requirements for community MH and SUD providers to seek State approval as a behavioral health program.

The proposed rule changes will be presented to the Legislature in 2016 and if passed, will go into effect July 1, 2016. Drafts of the proposed rule are available on the Department's Mental Health and Substance Use Disorders websites. Questions and/or comments regarding the rule changes can be submitted to: BHSurvey@dhw.idaho.gov.

What is PATH?

By Alacia Handy

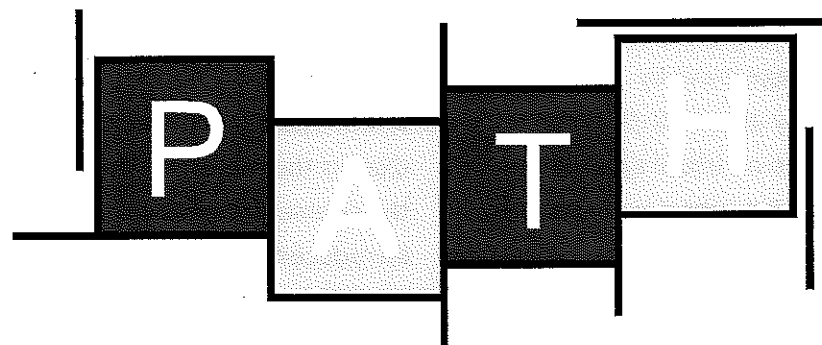
Program Specialist

The goal of the Projects for Assistance in Transition from Homelessness (PATH) program is to reduce or eliminate homelessness among individuals with mental illnesses or co-occurring substance use disorders who are either experiencing homelessness or at risk of becoming homeless. The PATH program is a federally funded grant created under the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. Currently, the Idaho Department of Health & Welfare contracts with Jannus, Inc. to provide street outreach and case management services for eligible adults through

the use of two PATH Peer Specialists in each region and at each State Hospital. PATH Peer Specialists identify potential participants by connecting with people living on the streets or at the State Hospital; providing hope and support; and linking participants with community resources. Between July 2014 and May 2015, PATH Peer Specialists

made 2,411 street outreach contacts.

One-time housing assistance in the form of first month's rent, security deposit, or one month's rent/house payment to prevent eviction is also available to eligible adults through PATH. During SFY 2015, 120 individuals obtained housing assistance through accessing PATH



BY JANNUS

housing funds, and another 118 were able to obtain housing through referrals provided by PATH Peer Specialists. Housing assistance

funding for SFY 2016 is expected to be available by October 2015, but street outreach and case management services continue

throughout the fiscal year. For more information, please visit the [PATH website](#) or contact Alacia Handy at handya@dhw.idaho.gov.

Changes in Structure of SOAR Training

By Crystal Campbell

Program Specialist

SOAR is a program designed to increase access to SSI/SSDI for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. SOAR stands for SSI/SSDI Outreach, Access, and Recovery. Nationally, only about 26 percent of individuals who apply for SSI/SSDI are approved on initial application. For people who are homeless and have no one to assist them, that percentage is cut by more than half, with only about 10-15 percent approved on initial application. The SOAR method is designed to expedite the application process for this vulnerable population. In 2014, Idaho had an average approval rate of 67% in an average of 69 days on initial SSI/SSDI applications using the SOAR model.



The Division of Behavioral Health is changing the structure of SOAR training in the hope that more people will be able to access it. The training is completed over the course of 12 weeks using technology such as conference calls with web cams and video conferencing to check in periodically. SOAR trainees will complete an online course with weekly calls to discuss the material. Throughout the course, trainees will be introduced to a fictional applicant via video interviews, medical records, and progress notes. Using the information gathered, trainees will complete SSA forms and write a Medical Summary Report (MSR) for

the applicant. Finally, trainees will submit their application packet to the SOAR Technical Assistance (TA) Center for review. Upon approval, they will receive a certificate of completion and 16 Continuing Education Units (CEUs) from the National Association of Social Workers (NASW). At the end of the course there will be a half-day review of the material as well as information specific to Idaho. There is no charge for this training. For more information on SOAR trainings, please contact SOARtraining@dhw.idaho.gov. For other questions regarding SOAR, please contact soarinquiries@dhw.idaho.gov.

Parenting with Love and Limits (PLL)

By Janie Arambarri
Clinician

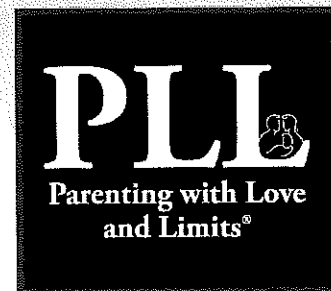
Parenting with Love and Limits (PLL) is an evidence-based treatment model for adolescents, aged 10-17, with emotional and behavioral

problems. The PLL model combines parenting management group therapy, family therapy, and wound work into one system of care to quickly engage parents and their teenagers.

The PLL model is grounded in structural and strategic family therapy theory. It is a brief therapy model, with much emphasis being placed on engaging families quickly and giving them concrete tools ➡

and skills to create new structure within the family system to help create lasting change. At the close of our seventh year of implementation this June, we achieved an overall statewide graduation rate of 89 percent, with an overall completion rate of 84 percent. Almost 1,100 families have been served statewide through our PLL program since 2008. Families are referred to PLL through various avenues in each region. Many youth are involved in the juvenile justice system, and the family is often referred through

either a juvenile probation officer (JPO) or a court-ordered 20-511A treatment plan. In some regions, the judges have become so familiar with PLL and the high success rates, that they often directly recommend the PLL program to a family. Many referrals come directly from the CMH clinicians in each region. The PLL clinicians also have the ability to take "PLL Waiver" cases – which may include youth who would not typically qualify for CMH services, however, they are referred by a JPO or another community partner. These efforts to accept and treat



"waiver" families have developed a proactive approach to treatment – helping families before problems intensify and there is a need for a higher level of care for the youth in either the mental health system or through the juvenile justice system.

Idaho Suicide Prevention Hotline Training

By John Reusser

Director, Idaho Suicide Prevention Hotline

The Idaho Suicide Prevention Hotline (ISPH), recruits volunteers from all walks of life to become Crisis Phone Responders at our Boise location. Candidates complete 45-plus hours of training including Living Works' 2-day Applied Suicide Intervention Skills Training (<https://www.livingworks.net/programs/assist/>) and receive caring on-site support and supervision in our crisis phone room from our outstanding team of Masters level (or equivalent) clinicians. Limited training spots are available for non-volunteer community members. Since our launch in November 2012, we've trained more than 175 people

- with volunteers fielding most of our 6,000-plus calls. The Responder position requires a 12 month post-training commitment of one 4 1/2 hour phone shift per week. ISPH provides crisis intervention, emotional support, resource referrals, linkages to local services, and follow-up for persons with suicide risk factors, empowering callers to look at options and make their own decisions. Our training provides volunteers with the knowledge and skills to listen and intervene supportively, effectively and compassionately with callers. Volunteers are typically students 21 years and older, retired persons, and mental health professionals. Good qualities for volunteers include empathy, compassion, a non-judgmental attitude, good

listening skills and the ability to take direction. We offer three training sessions annually; our next session begins in October 2015. ISPH also seeks Hotline Ambassadors statewide to represent the hotline at public events. Ambassadors receive a two-hour orientation including either Question, Persuade, Refer (QPR - <http://www.qprinstitute.com/gatekeeper.html>) or SuicideTalk (<https://www.livingworks.net/programs/suicidetalk/training>). For more information about the Idaho Suicide Prevention Hotline, volunteer opportunities, or to order outreach materials, find us online at www.idahosuicideprevention.org or www.facebook.com/idahosuicideprevention, or call (208) 258-6990.

Optum Idaho and the DBH Partner in System Transformation

By Optum Idaho

Optum Idaho and the Division of Behavioral Health joined forces in May to discuss efforts underway to shift the system of care to be more evidenced-based and recovery-focused.

Optum's executive director, Becky diVittorio and the Division of Behavioral Health's Ross Edmunds were featured on KTVB's "Viewpoint" program where they shared the mutual goal of transforming Idaho's behavioral health system to best serve members ([click here to view](#)).

The transformation of the Idaho Behavioral Health Plan to evidence-based, recovery-based care focuses on helping to ensure members receive treatment that best matches their diagnoses and helps them live a life in which they control their decisions and strive to reach their full potential.

Optum is a committed partner to individuals and providers on this transformational journey and has added several new resources to meet community needs including: covering peer support services, enhancing

access to care, creating a new Member Access and Crisis Line, and offering Mental Health First Aid trainings throughout Idaho. In addition, Optum continues to conduct training opportunities and engage with key stakeholders and community members on how all of us can work together for an improved system.

NOTE: *Optum Idaho is Idaho's Medicaid managed care contractor for Behavioral Health services.*

Drug Free Idaho (DFI) & BPA Provide Education, Workplace Programs

By Business Psychology Associates (BPA)

Since 2005, Drug Free Idaho (DFI) has worked with communities, businesses, law enforcement, and educators providing outreach and education opportunities throughout the state. BPA partners with DFI to provide customized employee assistance programs to enrolled businesses.

DFI's education programs are focused on drug and alcohol prevention in Ada County. By using environmental strategies, DFI provides information and education to a large community population with positive results. In March 2015, BPA's Medical Director, Dr. William Hazle, presented on synthetic drugs at DFI's 4th Annual Teens & Substance Abuse Workshop. DFI also organizes "Reality Parties," which give parents the

opportunity to tour a typical teen party, followed by discussion with community professionals. The next Reality Party will be in October in Ada County. Additional community education projects include summer "Movies Under the Stars", Family Dinner Night, and FanFest with the Boise Hawks.

DFI also helps businesses throughout Idaho implement comprehensive drug-free workplace programs that can decrease the costs associated with employee substance use disorders. Their third party administrator services include drug and alcohol testing services, policy development and oversight, supervisor training, and employee education.

In partnership with DFI, BPA offers Employee Assistance Programs (EAPs) that help employees deal with problems that adversely affect job

performance, health, and well-being. An effective EAP also benefits employers through lower medical costs, reduced employee turnover and absenteeism, and increased productivity. Examples of EAP benefits include no-cost counseling sessions for employees and family members, and legal and financial advising services. For more information on DFI's education and business programs, visit their website at www.drugfreeidaho.org.

For more information on EAPs through BPA, please contact Kim Tower at kim.tower@bpahealth.com.

NOTE: *BPA is the management services contractor for Idaho's Substance Use Disorder (SUD) treatment and Recovery Support Services (RSS) network.*

Mental Health Volunteers Essential to Disaster Response

By Kim Monson

Volunteer, Medical Reserve Corps

Smoke. Sirens. Shouts from emergency responders. Sudden evacuation to a school gym turned shelter. Disasters are not typically planned into the daily "to do" list, nor is sharing a large open gym with 50 neighbors with cots for beds, comfort kits and shared bathrooms for personal hygiene, and coffee and prepared meals in a common dining area.

Emergency shelter residents come with the stress and anxiety related to the disaster that put them there, as well as any underlying mental

health conditions which may be exacerbated by the situation. The additional stressors of being in a crowded environment - noise, smells, chaos, other's stress, lack of privacy - all may contribute to the mental well-being (or NOT well being) of disaster victims. Many revert to healthy coping skills, but some find themselves lacking. This is where Disaster Mental Health volunteers step in to intervene on the shelter residents' behalf. As trained mental health professionals, they can use crisis intervention strategies, Psychological First Aid, and psychological triage methods such as

PsySTART to identify needs and provide much-needed assistance. It may be as simple as listening to the resident tell their story, finding a quiet room for an over-stimulated individual, or visiting with a shelter staff volunteer who assisted at the chaotic registration table when all the disaster victims arrived. Mental Health volunteers are an invaluable part of disaster response and sheltering teams. Mental Health volunteers help the whole community recover from a disaster. Be ready to help by registering to volunteer today at

www.VolunteerIdaho.org.

Opportunities to Get

Regional Behavioral Health Boards

Idaho is home to seven Regional Behavioral Health Boards, with one located in each IDHW region around the state. Each board meets regularly to discuss local and regional behavioral health issues and needs. To learn more and view meeting times for each regional board, [click here](#).

Recovery Coach Trainings

New Recovery Coach trainings around the state are added regularly to the calendar on this site: recoverycoaching.dhw.idaho.gov. Cost is \$50.

Upcoming trainings include:

- Ethical Considerations for Recovery Coaches, August 4-6, 2015, **Coeur d'Alene**
- Ethical Considerations for Recovery Coaches, August 18-20, 2015, **Boise**

Regional Contacts

Region 1

Community Resource Development Specialist
Corinne Johnson,
JohnsoC2@dhw.idaho.gov

Region 2

Community Resource Development Specialist
Darrell Keim,
KeimD@dhw.idaho.gov

Region 3

Acting Community Resource Development Specialist
Laura Thomas,
ThomasL@dhw.idaho.gov

Region 4

Community Resource Development Specialist
Laura Thomas,
ThomasL@dhw.idaho.gov

Your feedback is important to us. Click here to tell us what you want to see in this newsletter.

Region 5

Community Resource Development Specialist
Erica Estes,
EstesE@dhw.idaho.gov

Region 6

Community Resource Development Specialist
Janae Andersen,
AndersenJ@dhw.idaho.gov

Region 7

Interim Community Resource Development Specialist
Monica Martin,
MartinM@dhw.idaho.gov

Residents concerned about proposed transitional home for those on probation & parole

By Kendra Evensen kevensen@journalnet.com

Jul 15, 2015

POCATELLO — A local businessman is seeking a conditional use permit to open a transitional home/detention facility at 1501 Bench Road in Pocatello, but those who live nearby have some concerns about the proposal.

They were planning to express those concerns during a public hearing on the matter on July 23, but that meeting has been postponed until Aug. 13.

Robb Redford, who has been operating Redford Counseling at the Bench Road location for six years, is seeking the permit for the facility that could house up to 16 people. He was unavailable for comment this week, but in a letter he submitted to Pocatello's Planning and Development Services, he wrote that Idaho probation and parole officials approached him with the idea of providing transitional housing for recently released violators serving probation and parole.

"There is a very large need for this type of transitional housing in our community," he wrote in the letter.

Although many agree housing that helps people transition back into society is a good thing, some don't think Redford has chosen the right location for such a facility.

Mark Johnson, a longtime resident of the area, believes the location should be determined by planning and research rather than the fact that Redford already has property there.

Both Mark and his wife, Susan, feel there are several issues with the proposed location. They said there are four schools — Highland High School, Grace Lutheran School, Edahow Elementary School and Calvary Chapel Christian School of Pocatello — nearby. There are also hospice and senior living facilities in that area that use narcotics and numerous establishments that serve alcoholic beverages.

There haven't been many details released about the people who would stay at the facility or the types of crimes they committed in the past, and that also worries the Johnsons, who say there are numerous children living in the area.

"Not everybody's successful in treatment," Mark said, adding that he would be concerned about the safety of his home and family.

Susan agrees. She said they won't likely know anything about the people who would be moving in and out of the facility due to privacy rights.

But Redford's business, which provides mental health and substance abuse counseling as well as services related to domestic violence, parenting, children and adolescents, has been working with people at that same location for years, and he feels any detrimental concerns associated with public interests, health, safety and welfare would be minimal.

"The occupants are closely monitored by Parole and Probation officers and I work with many, if not all of them, through counseling," he wrote in his letter. "Our goal is to help them become productive members of society and they need transitional housing to accomplish that goal."

Redford feels the Bench Road location, which is part of the Olympus Crossing office complex, will be ideal once he completes some interior remodeling to provide bathroom and kitchen facilities.

"The existing building is in the Commercial General zone and is adjacent to a residential zone on the north side," he wrote, adding that the location would give the residents a sense of being part of society without making them live in the middle of a residential subdivision.

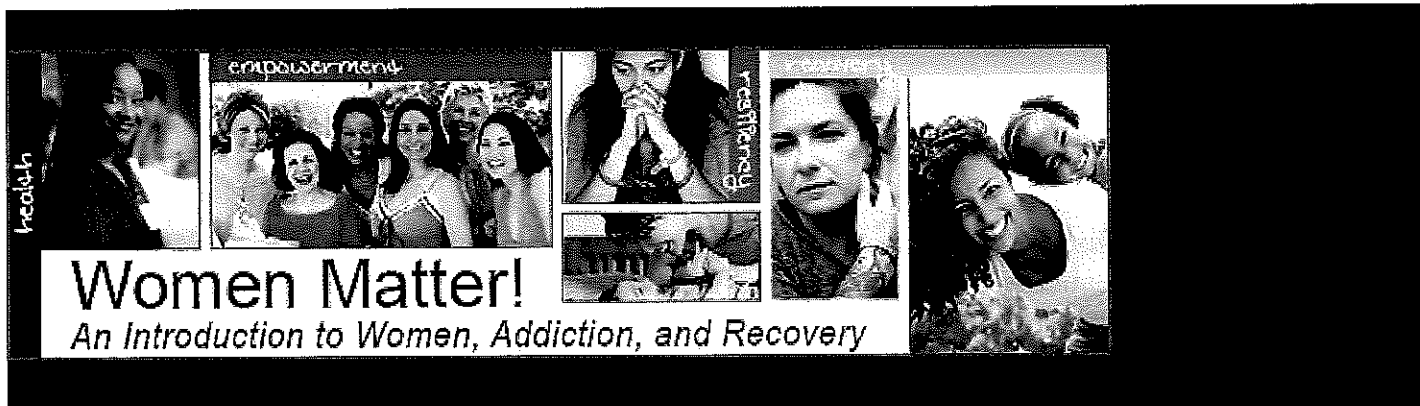
But Warren Whitaker, whose backyard overlooks the proposed facility, said a transitional home would change the dynamics of the neighborhood. Right now, the commercial businesses nearby close around 5 p.m. on weekdays and stay closed on weekends so things stay pretty quiet, he said. That may not be the case if he suddenly finds himself living nearby 16 more people who will be there all week long.

"I don't want people living there period," he said, adding that he would feel the same even if the individuals weren't on probation or parole.

Still, the fact that the individuals would be on probation and parole could cause other complications. Whitaker worries about how the value and selling potential of his home will be affected if the transitional facility opens by his house.

He doesn't see any benefits to the neighborhood when it comes to opening such a facility there.

"We would be assuming all the risk in the whole deal," he said.



Women Matter!

An Introduction to Women, Addiction, and Recovery

Women Unbarred: Recovery and Supports for Women Involved with the Criminal Justice System



This webinar centers on the unique experiences, barriers to recovery and re-entry into society, that women often face during and after incarceration. Experts will address the experiences, needs, and resiliency of women involved with the correctional system, along with effective interventions, programs, policies, and partnerships to help women rebuild their lives. This presentation is designed for anyone working with women who have experienced incarceration, including community and in-custody treatment and recovery service providers.

July 23, 2015 at 3:00-4:30 PM ET (2:00 CT, 1:00 MT, 12:00 PT).

Click on the link below to register!

<https://attendee.gotowebinar.com/register/414007177234505729>

Featured Speakers:

Maureen Buell, M.S.: Ms. Buell leads the National Institute of Corrections Justice Involved Women's initiative, which develops evidence-based and gender-informed policies, procedures, and practices to improve outcomes in the management of women in jails, prisons, reentry, and community corrections. She also manages a compassion fatigue and secondary trauma initiative addressing the impact on stress and fatigue on correctional staff, their families, and organizationally. She co-authored a chapter in *Working with Women Offenders in the Community*, serves on several boards, and is a member of the Association of Women Executives in Corrections

Brenda V. Smith, J.D.: Dr. Smith is a professor at American University, Washington College of Law, and teaches a year-long seminar titled *Women, Crime and Law*. She is the Director of the Project on Addressing Prison Rape and the former Commissioner of the National Prison Rape Elimination Commission. She is a widely consulted expert on issues at the intersection of gender, crime, class, and sexuality, and a recipient of, the Emmalee C. Godsey Research Award and the Kellogg National Leadership Fellowship. Dr. Smith was inducted into the D.C. Women's Hall of Fame for her work on behalf of low-income women and children.

Deborah (Deb) Werner, MA (Moderator): Ms. Werner is a Senior Program Manager at Advocates for Human Potential, Inc. (AHP), and serves as Project Director for SAMHSA's Training and Technical Assistance on Women and Families Impacted by Substance Use and Mental Health Disorders.

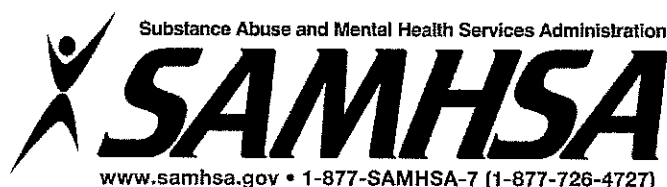
Earn 1.5 Continuing Education Hours from the National Board for Certified Counselors or NAADAC, the

Association for Addiction Professionals, continuing education credits.

NAADAC and NBCC CEH's are available through the ATTC Network Coordinating Office. These CEH's are also recognized by many other licensing boards; contact your licensing board for more information. There is no charge for CEH's during the live webinars; simply complete a post-test at the end.

About the Women Matter! Webinar Series: SAMHSA's five-part Women Matter! webinar series provides research, best practice, and critical thinking about topics professionals working with women who have substance use disorders need to know. This series provides an introduction to gender differences and the delivery of gender-responsive services for women by combining research and women's voices with practice applications and resources for ongoing learning about core competencies.

Join the discussion about women's behavioral health on social media with hashtag #womenmatter2015.



Join Our Mailing List!

RUN FOR 1 every child matters

Join us **Saturday, September 26, 2015** for our
Third Annual 5k Fun Run/Walk!

\$15 Preregistration

(Includes a pre-ordered race day shirt)

\$20 Day of Race

(Includes a shirt in available sizes-while supplies last)

Jensen Grove, Blackfoot Idaho

Check in starts at 9a.m.

Race starts at 10 a.m.

Make sure to stay for our after run celebration!

Registration Fee gets you entered into the drawing for raffle items after the race!!!

Additional raffle tickets can be purchased for \$1 per ticket or \$5 for six tickets.

Come out and help us raise awareness and support for Idaho's

Foster Care youth in our community!

Register now at Bluecirclesports.com

For more information contact

Tara Wright at (208)239-6220 or at WrightT1@dhw.idaho.gov or

Becky Jackson at (208)528-5941 or at Jackson1@dhw.idaho.gov

Kids 12 and under run
for free!

Optional youth t-shirts
are available for
purchase but are
not required.



One Church
One Child



Benefits of PLL

You will learn:

- ◆ PLL is different, brief—and NOT traditional counseling
- ◆ Why your current rules and consequences repeatedly fail.
- ◆ How your teen creatively uses things like substance abuse, disrespect, running away, or violence to commit acts of "parent abuse" to continually defeat parents who try to regain control of their household.
- ◆ Creative Consequences to stop behaviors of (a) Extreme Disrespect, (b) Running Away, (c) Alcohol and Drug Use, (d) Sexual Promiscuity, (e) Threats or Acts of Violence, and (f) Threats of Suicide.
- ◆ How and Why Button Pushing Creates Conflict and Confrontation between Parents and Teenagers.
- ◆ How to write a Loophole Free Contract and how to use role plays to deliver the contracts without your buttons being successfully pushed.
- ◆ About the fine line between love and dislike and why there is a current lack of nurturance. You will learn why you love your child, but no longer like them.

How do I get started?

Getting started is easy! Just call us to setup a screening appointment.

We will meet with you and your youth to discuss how PLL can benefit your family, discuss the eligibility process and answer any questions you may have. For more information, contact:

Region 6

Children's Mental Health

Kyle Hanson

(208) 234-7912

hansonk@dhw.idaho.gov



Parenting with Love and Limits
program information:
www.difficult.net

Parenting with Love and Limits®



IDAHO DEPARTMENT OF
HEALTH & WELFARE
Division of Behavioral Health



What is Parenting with Love and Limits®?

Parenting with Love and Limits® (PLL), is an evidence-based family education, skill-building and therapeutic intervention model which has demonstrated effectiveness in significantly reducing aggressive behaviors, depression, attention deficit disorder problems, externalizing problems and substance use while also reducing recidivism and improving family communication.

The program targets specific risk and protective factors related to delinquency and other emotional and behavioral problems. PLL is currently recognized as a Model Program through SAMSHA's National Registry of Evidence-Based Programs and Practices. PLL utilizes assessment, group sessions and individual coaching sessions throughout the program.

How does PLL Work?

Assessment:

The question now becomes "why?" or "How did my teen go from having only a few problems to becoming completely out of control?" Parents ask these questions all the time. Assessment is like the auto mechanic who works on your car. He must understand why your car is making those funny noises before he can fix the problem. We will meet with you and your teen to assess this.

Group Classes:

Parents and youth attend 6 classes, held one evening a week for six weeks:

- Class 1 - Understanding why your Teen Misbehaves
- Class 2 - Button Pushing
- Class 3 - Ironclad Contracting
- Class 4 - Troubleshooting
- Class 5 - Stopping the Seven Aces
- Class 6 - Reclaiming Lost Love

Family Coaching:

We acknowledge it is very difficult and frustrating to turn things around without someone at your side. We provide six (6) [or more sessions, if needed] of individual family coaching so what you read in a book and learn from classes will be custom designed to fit your unique family situation. We work with you and your teen to empower you to achieve your goals for your teen and family.

What happens after we finish PLL?

PLL therapists continue with the family until the youth has met all of the graduation requirements that consist of completing groups and family sessions, sufficiently complying with the contract in school or work, and remaining out of trouble with the law.

PLL Therapists maintain periodic phone contact and will arrange for meetings if needed to resolve new issues or to tighten any glitches in the contract. PLL provides 30, 60 and 90 day call backs after the case has been closed to ensure the treatment is sticking and provide a tune-up session if needed.



Parenting with Love & Limits Referral Form
 Please complete and return to Kyle Hanson / Fax 208-236-6328 or complete this form and send as attachment or scan-doc to HansonK@dhw.idaho.gov
 Kyle's office phone is (208) 234-7912

Child's Name: _____
 Father's Name: _____
 Father's phone number: _____
 Guardian's Name and phone number: _____
 Referent's Name and phone number: _____
 Date of referral: _____
 Current Diagnosis if available: _____
 Is Child receiving Children's Mental Health services or PSR services? _____

Please mark if the following are applicable:
 Diagnosis of Oppositional Defiant Disorder or Conduct Disorder? _____
 Between the age of 10-17? _____
 Meets criteria for Children's Mental Health Eligibility (is seriously emotionally disturbed)? _____
 Involvement with juvenile justice system, on probation? _____
 20-511A or court ordered – is PLL specifically court ordered? _____
 Living with parent(s)? _____
 Is the child in foster care or living in a permanent or long-term placement? _____
 Do the Parents or guardians have a willing attitude or are you willing to help "encourage" them to participate in an intensive 6-8 week program? _____

Also, please check if any of the following are present:

Disrespect	Chores
Breaking Curfew	Leaving Home Without Permission
Threats or Acts of Aggression	Sibling Fighting
Ditching School or Truancy	Falling Grades
Drug or Alcohol Abuse	Inappropriate Sexual Behavior
Stealing	Suicidal Threats or Self-Mutilation
Lying	Chemical Imbalance (Depression, ADD)

Child and family may be screened out for the following reasons:

Sexual acting out
 Psychosis
 Developmental Delay
 Diagnosis of Autism, Asperger's Disorder, or Pervasive Developmental Disability
 No parent figure available
 Unwilling or unable to commit to all of 6-8 week program
 Mood Disorder only (with NO acting out behaviors present)

Please list any possible barriers that may keep the family from participating in the PLL program:

IDAHO BEHAVIORAL HEALTH PLANNING COUNCIL

PETE T. CENARRUSA BUILDING, 3RD FLOOR
P.O. Box 83720
BOISE, ID 83720-0036

June 16, 2015

MEMBERSHIP

Rosie Andueza
Evangeline Beechler
Abraham Broncheau
Jo Ann Bujarski
Stan Calder
Elda Catalano
Carol Dixon
Jane Donnellan
Martha Ekhooff
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Gregory Lewis
Bobbi Makin
Holly Molino
Angela Palmer
Tammy Rubino
Jody Sciortino
Judge John Shinderling
Julie Williams
Teresa Wolf

Regional Behavioral Health Boards Members:

Subject: Gaps and Needs Analysis

Dear Board Members:

The State Behavioral Health Planning Council would like to take this opportunity to extend a big thank you to all of the Regional Boards for providing your Gaps and Needs Analysis. Your desire for a seamless system of care is evident in the thorough reporting and extensive information that each Regional Board provided.

The Gaps and Needs Analysis has been incorporated into the Governor's Report which will be presented to the Governor, Legislature and Judiciary for their review. We are hopeful that the detailed information contained within the report will assist them in having a better understanding of the interworking of the current system and the need to address the identified gaps and needs within the communities in which they serve.

The Planning Council is requesting that each of the Regional Boards post your Gaps and Needs Analysis to your websites to allow other regions to view and share information. A copy of the final Gaps and Needs Analysis will be posted to the Planning Council's website along with the Governor's Report which will be made available in July 2015.

Your hard work and diligence in completing the Regional Gaps and Needs Analysis is a very good start for all of us as we refine and develop our new statutory obligations. This is a work in progress as we all learn and develop new strategies and approaches along the way.

On behalf of the entire State Planning Council membership I wish to commend each of the Regional Boards for a job well done.

Sincerely,



Jennifer Griffis

BHB Regional Chair/Leadership Call

Hosted by Region 2

Thursday, June 25, 2015

(last call was May 28, 2015)

10:00am-11:00 MST (9:00am-10:00 PST)

Call-in info: 1-866-906-9888; participant code 2724607#

(Please note the above call-in numbers will remain the same for future calls)

AGENDA

- Roll Call

Ron Beecher, Holly Bonwell, Darrell Keim, Jennifer Griffis, Chuck Christensen, Christopher Saunders, Jennifer Burlage, Laura Thomas, Debbie Thomas, Janae Andersen, Elaine Sullivan, Rosie Andueza, Kathy Skippen, Heather Taylor, Ross Edmonds

- Update from Ross/Rosie

Not a lot of change according to Ross. Progress being made. R3 has voted to partner with PH. R1 and R4 making steady progress. Confusion remains around how contracts built and money exchanged. There is no requirement to take on tasks NOT funded by the state.

R1 met with Panhandle Health RE MOA and Contract. Signed on June 24. R1 has the same questions Ross elaborated on. Questions remain on how the money will be dealt with. Plan to have things all signed in next 60 days.

R2 PH and BHB officers recently met. PH is interested but "needs to be sold" on why to combine.

R3 Bylaws passed, voted to proceed with developing a contract and agreement with PH. Members still have money questions, but the larger concern is board autonomy.

R4 Application sent to state planning council. PH contract signed in May committee is working with PH to further refine MOA. "We've had some great strides." Started several new subcommittees: Provider, Youth BH, Recovery

R5 No June meeting due to lack of quorum. Have steering committee looking at how to "stand-up." PH has been attending recent meetings. Looking at costs. Believe they have answered authority and autonomy questions.

R6 Invited Kathy S. to July 23 PH meeting. BHB Co-Chairs will also attend. Planning to springboard discussion off R4 MOA.

R7 MOA written, need quorum to pass. Moving forward with PH. Currently working on scope of work document, hoping to be organized in order to have agreement with PH by September. Writing "task list" for support person to do when hired by PH. Crisis Center is seeing good usage. It is moving toward opening a recovery center. Hoping for it to become a stand-alone nonprofit.

- Moving forward Questions?
- Questions for State Planning Council?

Jennifer G. reports: 1. SPC is reviewing applications, and figuring things out as they go along-just like the BHBs! SPC is most interested in knowing what will happen once the partnership is going. What does the BHB want to do and develop? The department monitors contracts, the SPC monitors direction. 2. Governors report has been finalized. Should be distributed this week. 3. Needs and Gaps reports have been summarized and attached to the governors report.

- Announcements or updates

Rosie A.: SUD treatment budget final expenditures and # served report coming out. Budget should remain the same OR increase. Recovery Centers: R4 Peer Wellness Center opening June 25 (tonight). Had soft opening a few weeks ago. Successes already coming. Latah County location secured. Looking to open in mid August. R3 county contracting with Canyon Community Clinic. Recovery Idaho hiring staff and working on sustainability. Gem County is working with Recovery Idaho to start a center in Emmett. Has location. Recovery Idaho is working to become the umbrella organization over these centers. The Idaho Assoc. of Counties is hoping RI will take over filing for Millennium Funds in future years.

- Next call in date: **July 23, 2015**

MARK YOUR CALENDARS! *Future 2015 call-in dates:*

4th Thursday of every month unless otherwise noted due to holidays, NO CALL in December

- | | |
|------------------------------|-------------------------|
| ▪ May 28 (hosted by Reg. 3) | ▪ July 23 |
| ▪ June 25 (hosted by Reg. 2) | ▪ August 27 |
| | ▪ September 24 |
| | ▪ October 22 |
| | ▪ November 24 (Tuesday) |



ASSOCIATED PRESS

BOISE, Idaho (AP) — There are signs that a landmark lawsuit over juvenile mental health care in Idaho may be reaching a conclusion, resulting in a systemwide overhaul.

But the Jeff D. case has a long history of being reopened as federal judges repeatedly have found the state has done too little to care for children with developmental disabilities and behavioral health issues.

The class-action lawsuit first was filed in 1980. It was named for a boy who was confined at State Hospital South in Blackfoot. The boy, known only as Jeff D., regularly was given mind-numbing drugs. He sometimes was strapped down with leather restraints for an entire day. There was no school. There was no age-appropriate treatment regimen.

Jeff D. and other children shared the facility with mentally ill adult patients, including pedophiles.

After 35 years, however, resolution of the lawsuit — and a new approach to juvenile mental health care — finally could be at hand.

Gov. C.L. "Butch" Otter's recommended budget contains a \$615,000 appropriation for legal fees associated with the case, indicating a settlement may be at hand.

A frightening place

Boise attorney Howard Belodoff initially investigated conditions at the hospital.

"In those days, State Hospital South did not have a separate unit for adolescents," Belodoff said. "So you had 10, 11, 12-year-old children who had been initially dropped off or committed or transferred from the juvenile justice system in the same housing as adults — mentally ill adults. And you don't get committed because you're acting a little strange. You get committed because you are a danger to yourself or others."

Behavioral health administrator Ross Edmunds told the Joint Finance and Appropriations Committee on Jan. 21 that conditions were unsafe in those days.

"There truly was some abuse that occurred," Edmunds said. "That was resolved. (They) created a new adolescent unit within a few years."

Things have improved substantially since those days, Belodoff agreed.

Today, State Hospital South has a separate ward for adolescents where schooling and age-appropriate treatment programs are offered. But federal judges determined that one part of the initial settlement agreement — starting a community-based mental health system for children to keep them from being institutionalized in the first place — never has been met.

But the question remains: Will another settlement mean that Idaho will bring its child mental health care system up to legal and constitutional standards?

'Years of inaction'

That hasn't been the case with prior settlement agreements that judges, again and again, have found the state has not lived up to. The sticking point has been a requirement that the state implement community-based mental health services.

The community-based services, Belodoff has argued, would involve a wide net of possible mental health interventions at schools, social services and local clinics. The aim is to provide treatment to youths with behavioral health problems in their communities, and to prevent youths from ever being institutionalized in all but the most extreme of circumstances.

Institutionalizing children severs them from their ties with the communities, with their families, with their schools and with all other components of their basic social support structure. Even if mentally ill youths do receive treatment while institutionalized, there are few options for continuing care after they are released, Belodoff said. All-in-all, children who have spent long periods in mental hospitals have a much harder time re-integrating into society and moving on to lead productive lives.

A battle has been waged for decades between Belodoff, who came to represent all Idaho children with mental health issues, and the state Attorney General's Office, which represents the Governor's Office, Department of Health and Welfare and other state government defendants.

Attorney General spokesman Todd Dvorak said the office does not comment on pending litigation.

Three years after the 1980 suit was filed, all sides agreed to a settlement that included "virtually all of the relief" Belodoff had sought, according to a 2011 finding by judges in the Ninth Circuit Court of Appeals.

"By the late 1980s, after years of inaction on the part of the state . plaintiffs filed a motion to enforce the decree," the appeals court ruling said. "The parties again negotiated a settlement."

In a 1990 supplemental settlement agreement, the two sides decided on a new plan of action to bring Idaho's child mental health system up to legal and constitutional requirements. But the state didn't follow up on the plan.

In 1998, Belodoff filed another motion to find the state in contempt. That action led to yet another settlement. At that point, it had been 18 years since the saga began, but progress continued at a snail's pace.

"The most significant aspect of the compliance agreement was the requirement that the (the state of Idaho) provide to the Plaintiffs an independently produced 'needs assessment' and compliance plan," Ninth Circuit judges wrote.

"Two years later, after no more headway than a motion to dismiss, another motion for contempt, and an appeal, the district court 'determined that it must take a more active role in enforcing the decrees.'"

Having lost the court's trust, the state was required to file regular status reports detailing its non-compliance with deadlines and what steps it was taking to come into legal compliance.

Nearly thrown out

The state came close to ridding itself of the Jeff D. case in the late 2000s, when a circuit court judge ruled Belodoff hadn't produced convincing evidence that the state was continuing to violate prior court orders and settlement agreements.

But Belodoff appealed that decision to the Ninth Circuit Court of Appeals, which reversed much of the district court's ruling. The Ninth Circuit found the lower court had been in error: It was the state's burden to prove that it had complied with the order, not the plaintiffs' burden to prove the state had not complied.

That sent the case back to district court. Again, the two sides were ordered back to the bargaining table for a round of mediation that would last a year and a half. Today, Edmunds said, the two sides are "in the final stages of developing a settlement agreement."

Last month, the Department of Health and Welfare asked state legislators to appropriate about \$615,000 in legal fees for the lawyers who sued the state. Edmunds did not have an estimate of the cost at the time of his testimony, but said he would keep legislators informed.

The last settlement?

Belodoff said the details of the settlement, which are being kept confidential, have been worked out and in the process of gaining approval of state officials.

"The purpose is directing government development and implementation of a sustainable, accessible, comprehensive and coordinated service delivery system for community-based mental health services for children," he said.

The new system will be put in place across all agencies that serve children.

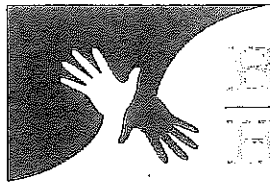
"The ultimate goal is to prevent crises and prevent institutionalization," Belodoff said. "It's detrimental. It takes children away from their families, which really are their community support. . Services should be delivered in a community-based setting."

A plan to put the settlement agreement into effect will be developed over a nine-month period, Belodoff said, after which the state will have four years to put the plan into action.

Finally, the state will have to demonstrate over a three-year period that the system works. At that point, the lawsuit will be resolved. But a federal injunction will remain in place to keep the state from rolling back the new system.

Information from: Post Register, <http://www.postregister.com>

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FOR MORE INFO VISIT OUR WEBSITE OR CONTACT US:

www.bhb6.dhw.idaho.gov • bhb6@dhw.idaho.gov • 208-851-0492

The Region 6 Behavioral Health Board has funded Salt Lake Express bus vouchers from Pocatello to the Idaho Falls Crisis Center. These bus vouchers are for those residing in Region 6 who require transportation to the Crisis Center. To access these vouchers, individuals will need to contact the Idaho Falls Crisis Center at 522-0727.

The goal of the Crisis Center is to serve people who are in a behavioral health crisis. Behavioral health refers to either mental health disorder, substance abuse disorder or both co-occurring together. It is their mission to divert individuals out of the Emergency rooms and jails and help them to find appropriate services.

Individuals may stay up to 24 hours. The Crisis Center is not a transitional home, but a place for people to find help to guide them to agencies that are best equipped to help them with their behavioral health needs.

When is it appropriate to refer people to the Crisis Center?

- When individuals are having thoughts of Suicide
- Depressed or exhibiting other symptoms of a mental illness
- Concerns of Relapse
- Struggling with addiction and/or mental health



Struggling with *depression, addiction,*
mental health, or thoughts of suicide?

1650 N Holmes Ave.

Idaho Falls, Idaho 83404

208-522-0727

